

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
10/619183

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/			
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS	20				

100  
TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS